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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

*Refiled*

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/725,938
		Filing Date	December 3, 2003
		First Named Inventor	Holger HOPPE
		Art Unit	2829
		Examiner Name	V. P. Nguyen
Total Number of Pages in This Submission	15	Attorney Docket Number	543822002400

### ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input checked="" type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<b>Remarks</b>	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MORRISON & FOERSTER LLP		
Signature			
Printed name	Adam Keser		
Date	October 18, 2006	Reg. No.	54,217



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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL For FY 2006

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 250.00)

#### Complete if Known

Application Number	10/725,938
Filing Date	December 3, 2003
First Named Inventor	Holger HOPPE
Examiner Name	V. P. Nguyen
Art Unit	2829
Attorney Docket No.	543822002400

#### METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_  
 Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayment of  Credit any overpayments  
 fee(s) under 37 CFR 1.16 and 1.17

#### FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

##### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

##### 2. EXCESS CLAIM FEES

###### Fee Description

Each claim over 20 (including Reissues)

<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>
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50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
29	- 24 = 5	x 50.00	= 250.00

###### Multiple Dependent Claims

<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
3	- 3 =	x	=

<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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HP = highest number of independent claims paid for, if greater than 3.

##### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/50	(round up to a whole number) x	=	

##### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): \_\_\_\_\_

##### SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	54,217	Telephone	(703) 760-7301
Name (Print/Type)	Adam Keser			Date	October 18, 2006



Docket No. 543822002400  
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:  
Holger HOPPE

Application No. 10/725,938

Confirmation No.: 4491

Filed: December 3, 2003

Art Unit: 2829

For: TEST METHOD FOR TESTING A DATA  
MEMORY

Examiner: Vinh P. Nguyen

**AMENDMENT UNDER 37 CFR 1.111**

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Action dated July 18, 2006, please amend this application as follows.

**Amendments to the Specification** begin on page 4.

**Amendments to the Drawings** begin on page 3.

**Amendments to the Claims** begin on page 4.

**Remarks** begin on page 10.

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